(090) Project	Update Information		FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8	1
<010>	Study Area Code	238026		
<015>	Study Area Name	593	st Wireless, Inc.	
<020>	Program Year	2014		
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamow	itz	
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678		
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@	fcclaw.com	
<200>	Date Authorized to Receive Support	07/18/2	013	
<201>	Targeted Completion Date	02/05/2	016	
<202>	Total Mobility Fund Support Awarded	1814050	.0	
<203>	Total Mobility Fund Support Disbursed	604683.	33	
<204>	Support Applied to Network Design	7974.79		
<205>	Support Applied to Construction	16953.5	4	
<206>	Support Applied to Deployment		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
<207>	Support Applied to Maintenance		- 100 July 2012	
<208>	Certify Network will Support 3G Mobile Service (Yes / No)	0	O	<u></u>
<209>	Certify Network will Support 4G Mobile Service (Yes / No)	•	0	
<210>	Actual Completion Date			
<211>	Project Status Description (attached)		_NC.pdf of PDF attached}	
	Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to $\S54.1005(b)(2)(v)$. The information shall be submitted as appropriate.	prume	o ror attached	
<212>	Status of Network Deployment - Network Design	1		
<213>	Status of Network Deployment - Construction	1	1	
<214>	Status of Network Deployment - Deployment			
<215>	Status of Network Deployment - Maintenance		1	
<216>	Project Budget Status		1	
<217>	Project Plan Status		J	

[101] Certification - Reporting Carrier	FCC Form 690
	Approved by OMB
	OMB Control No. 3060-1185
	Page 7 of 8

<010>	Study Area Code	238026
<015>	Study Area Name	Carolina West Wireless, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for Mobility Fund recipients; and, to the est of my knowledge, the information reported on this form and in any attachments is accurate.					
Name of Reporting Carrier:					
Signature of Authorized Officer:	Date				
Printed name of Authorized Officer:					
Title or position of Authorized Officer:					
Telephone number of Authorized Officer:					
Study Area Code of Reporting Carrier:	Filing Due Date for this form:				

(102) Certification - Agent / Carrier	FCC Form 690
	Approved by OMB
	OMB Control No. 3060-1185
	Page 8 of 8

<010>	Study Area Code	238026
<015>	Study Area Name	Carolina West Wireless, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

l certify that (Name of Agent) <u>Todd Slamowitz</u> also certify that I am an officer of the reporting carrier; my responsibilities agent; and, to the best of my knowledge, the reports and data provided to t	is authorized to submit the information reported on behalf of the reporting carrier include ensuring the accuracy of the annual data reporting requirements provided to the authorized the authorized agent is accurate.
Name of Authorized Agent: Todd Slamowitz	
Name of Reporting Carrier: Carolina West Wireless, Inc.	
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 07/16/2014
Printed name of Authorized Officer: Lisa Mabe	
Title or position of Authorized Officer: Staff Accountant	
Telephone number of Authorized Officer: 3369735000 ext.1003	
Study Area Code of Reporting Carrier: 238026	Filing Due Date for this form: 07/31/2014

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for Mobility Fund Recipients on Behalf of Reporting Carrier , as agent for the reporting carrier, certify that I am authorized to submit the annual reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. Carolina West Wireless, Inc. Name of Reporting Carrier: Name of Authorized Agent or Employee of Agent: Todd Slamowitz Date: 07/16/2014 Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE Printed name of Authorized Agent or Employee of Agent: Todd Slamowitz Title or position of Authorized Agent or Employee of Agent FCC Legal Counsel Telephone number of Authorized Agent or Employee of Agent: 7035848678 ext. Study Area Code of Reporting Carrier: 238026 07/31/2014 Filing Due Date for this form: Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Attachments

-		-	-	-	-	and the same of the same of
Secretarions	ALC: UNKNOWN	PARTIES		000000		1400 1600
II DE DI	COMMES	OB ON	1 120	PPOT	manne	Report
TAGE !	POLETIC	A COLUMN		2201	TEACH GREET	THE PROPERTY.
INCUSCOSION IN		64 (1030)44				DEPOSIT OFFICE

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	238026
<015>	Study Area Name	Carolina West Wireless, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<140>	Coverage and Performance Report Year	01/2013 - 12/2013

<141>

	B 100	(43)	<b1></b1>	<0.25	<bs></bs> <bs></bs> 	<c1></c1>		<c3></c3>	· ch	<e></e>	ব্
tate	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census	Total Road Miles covered per Census Block	Certify that Electronic Shapefiles are uploaded (yes/no)	Certify that Drive Test Results are uploaded (yes/no)	Certify that Scattered Site Tests are uploaded (yes/no)
IC	Caldwell	0000	0	0	0	0.0	0.0	0.0	Yes		
	+	<u> </u>									
		<u> </u>									
		1									
	-										
	<u> </u>		1			-		_			
		ļ	_								-
			+								_
_	-					-					-
										-	
_	1										
	-										-

Percentage of
Total Population
Reached by
Service

0	

Percentage of Total Road Miles covered by Service

0			

Caroline West Wireless, Inc.

. . . .

Project Status Description

Pursuant to Section 54.1009(a)(6) of the Commission's rules, ¹ Carolina West Wireless, Inc. ("Filer") submits that there is no material updates to its project description, included the projected budget, associated with this Study Area Code that was provided by Filer in its FCC Form 680 filed in conjunction with its Auction 901 winning bids.

In its FCC Form 680, Filer explained that in order to provide the most advanced wireless broadband service available to date, Filer is using the proceeds from auction 901 to expand its footprint with new cell sites, and supplementing its existing network footprint with 4G service. Specifically, utilizing the 1900 MHz, 1700/2100 MHz spectrum bands, along with the 700 MHz spectrum band, Filer intends to provide high speed, broadband data services over 4G. Further, installation of new cell sites and the overlay of 4G will enable Filer to meet its public interest obligations to provide rural North Carolina citizens with access to advanced telecommunications and information technologies that are reasonably comparable to those available in urban areas.

As of this date Filer had completed its network design, and has commenced construction of its network. Filer anticipates that it will compete construction and deploy the network in the areas associated with this study code by no later than the construction deadline of July 19, 2016.

Section 54.1009(a)(6) provides that a winning bidder shall include "Updates to the information provided in § 54.1005(b)(2)(v).

FCC Form 690 - Construction Status

Carolina West Wireless, Inc. has not yet completed construction with respect to the SAC associated with this filing.

CONTRACTOR STATE	Fund §54.1009 Annual Reporting lection Form		FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	238027	
<015>	Study Area Name	Carolina West Wireless, Inc.	ACCEPTED/FILED
<020>	Program Year	2014	
<030>	Contact Name: Person USAC should contact with questions about this data	Todd Slamowitz	JUL 23 2014
<035>	Contact Telephone Number: Number of the person identified in data line <030>	7035848678 ext.	Federal Communications Commission Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	tslamowitz@fcclaw.com	
<040>	Has the information required pursuant to §54.1009 <041> Attach a description of the documents file		<041> O (041>
	<042> Cite the Study Area Code (SAC) for the Fo	rm 481 reporting	<042>
	<043> Cite the date of the Form 481 reporting		<043>
<050>	Carrier Contact Information (has the contact info. cha	nged since prior filing? Yes or No)	0 0
		(If yes, complete the attached worksheet)	<050>
<060>	Coverage and Performance Report	(complete attached worksheet)	<060> ✓
<070>	Urban Rate Comparability Certification	(complete attached certification)	<070>
<080>	Tribal Lands Reporting (y/n?) (Does this study area cov	er tribal lands? Yes or No)	\circ
		(if yes, complete the attached worksheet)	<080>
<090>	Project Update Information	(complete attached worksheet)	<090>
<100>	Contractors contractors and entering and entering	lete attached certification)	<101>

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carr	ier Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		238027	
<015>	Study Area Name		Carolina West Wireless, Inc.	
<020>	Program Year		2014	
<030>	Contact Name - Person USAC should contact regarding	this data	Todd Slamowitz	
<035>	Contact Telephone Number - Number of person identi		7035848678 ext.	
<039>	Contact Email Address - Email Address of person ident	ified in data line <030>	tslamowitz@fcclaw.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number			
<111>	Filing Carrier Name			
<112>	Winning Bidder Carrier Name			
<113>	Street Address (or PO Box)			
<114>	City			
<115>	State			
<116>	Zip-Code	-		
<117>	Telephone Number			
<118>	Fax Number			
<119>	Email Address			
	Littor Padd C33			
Contact In	if same as above, indicate in this box		;3	
<120>	Name (First, MI, Last, Suffix)			
<121>	Filing Carrier Name			
<122>	Street Address (or PO Box)			
<123>	City			
<124>	State			
<125>	Zip-Code			
<126>	Telephone Number			
<127>	Fax Number			
<128>	Email Address			
1202	Entall Address			
Authorize	d Agent Information if no agent, indicate in this box			
<120>	Name (First, MI, Last, Suffix)			
<121>	Company			
<122>	Street Address (or PO Box)			
<123>	City			
<124>	State			
<125>	Zip-Code			
<126>	Telephone Number			
<127>	Fax Number			
<128>	Email Address			

(060) Cov	erage and	Performance	Report								FCC Form Ap provei OMB Con Page 3 of	d by OM trol No.	8 3060-1185
<010>	Study Are	ea Code					238027						
<015>	Study Are						Carolin	na West W	ireless,	Inc.			
<020>	Program						2014						
<030>		Commence Services	USAC should	contact regarding	g this data		Todd \$1	lamowitz					
<035>				r of person ident		line	<030> 7035848	3678 ext.	7				
<039>				s of person iden		_		vitz@fccl	aw.com				
<140>	Coverage	and Perform	ance Report Ye	ear 01/2013	- 12/2013								
					Г	Const	ruction Status	zip					
		Electro	nic Shapefiles a	attachments									
					_	Name	of Attached Docum	ment (.zip)					
					Г								
		Drive 1	Test Results att	tachments									
					Ļ		-14						
					ŕ	iame	of Attached Docum	ient (.zip)				\neg	
		Scatter	ed Site Test Re	sults attachmen	ts							- 1	
					7	lame	of Attached Docum	nent (.zip)					
~141×	-	<32>	402	 	1	· 100	<b3></b3>		2075	2025			
<141>	<ai>></ai>	432	<a3></a3>	<01>	<b2></b2>		<0.5>	<c1></c1>	<c2></c2>	<<3>	<d></d>	<e></e>	<f>></f>
	1			l)			1						
												Certify	
											Certify	that	
											that	Drive	
	İ									Total	Electron		
							1		Road	Road	ic	Result	
					Davidont		Total Decident	Road	Miles per		Shapefil	s are	Certify that
	1			Resident	Population		Population	per	Block	per	es are uploade		Site Tests are
				Population per	Newly Rea		Reached by	Census	Newly	Census	d		uploaded
	State	County	Census Block	200	by Service	7110000	Service	Block	Reached	Block	(yes/no)		(yes/no)
				5	see atta	ach	ed works	neet					
										7			
			9		1				0		i		
				0	1				1				
		Percenta	ge of Total				Percentage (of Total	1				
			Reached by		l		Road Miles o				1		

by Service

Service

(070) Urban Rate Comparability Certification Compliance	FCC Form 690
	Approved by OM8 OMB Control No. 3060-1185
	Page 4 of 8

<010>	Study Area Code	238027
<015>	Study Area Name	Carolina West Wireless, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of (Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)
I certify that I am an officer or employee of the reporting car form and in any attachments is accurate.	rier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be	be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

certify that (Name of Agent) Todd Slamowitz	is authorized to submit the information reported on behalf of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
uthorized agent; and, to the best of my knowledge, the reports and	
ame of Authorized Agent: Todd Slamowitz	The state of the s
ame of Reporting Carrier: Carolina West Wirele	ess, Inc.
gnature of Authorized Officer or Employee: CERTIFIED ONLINE	Date: 07/16/2014
rinted name of Authorized Officer or Employee: Lisa Mabe	
tle or position of Authorized Officer or Employee: Staff Accounts	ant
elephone number of Authorized Officer or Employee: 3369735000 e	xt.1003
tudy Area Code of Reporting Carrier: 238027	Filing Due Date for this form: 07/31/2014

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authoriz	ed to File Compliance with 47 CFR §54.1009(a)	(4) on Behalf of Reporting Carrier
I, as agent for the reporting carrier, certify that I am author	zed to submit the certification on behalf of the reporti	ng carrier; I have provided the data reported herein based on
data provided by the reporting carrier; and, to the best of n	y knowledge, the information reported herein is accur	rate.
Name of Reporting Carrier:	Carolina West Wireless, Inc.	All and the second section and the section and the second section and the second section and the second section and the section and th
Name of Authorized Agent or Employee of Agent:	Todd Slamowitz	
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE	Date: 07/16/2014
Printed name of Authorized Agent or Employee of Agent:	Todd Slamowitz	- National Regions
Title or position of Authorized Agent or Employee of Agent	FCC Legal Counsel	
Telephone number of Authorized Agent or Employee of Ager	nt: 7035848678 ext.	
Study Area Code of Reporting Carrier: 238027	Filing Due Date for this form:	07/31/2014

(080) Trib	al Lands Reporting	7. 75. <i>(</i> 374) - 377			FCC Form 690
1110	e de la companya de l				Approved by OMB OMB Control No. 3060-1185
				<u> </u>	Page 5 of 8
<010>	Study Area Code		238027		
<015>	Study Area Name		00000000	West Wireless, Inc.	
<020>	Program Year Contact Name - Person USAC should contact regarding t	this data	2014		15)859353 - 3411
<035>	Contact Telephone Number - Number of person identifie		Todd Slar	A. S. Carlotter	
<039>	Contact Email Address - Email Address of person identifi		205	z@fcclaw.com	
<142>	State		- GAMING HA	22 E 3 Z & M	
<143>	County			Wester W	
<144>	Tribal Land(s) on which ETC Serves				
<145>	Tribal Government Engagement Obligation	Name of Attached	Dogument / ndfl		
		Nume of Attached	осситен (.рају		
	If your company serves Tribal lands, please select (Yes,N each of these boxes to confirm the status described on t PDF, on line 145, demonstrates coordination with the T government pursuant to § 54.1004 includes:	the attached			
<146>	Needs assessment and deployment planning with a foc-	us on Tribal	Select (Yes,No, NA)		
<147>	Feasibility and sustainability planning;				
<148>	Marketing services in a culturally sensitive manner;				
<149>	Compliance with Rights of way processes				
<150>	Compliance with Land Use permitting requirements				
<151>	Compliance with Facilities Siting rules				
<152>	Compliance with Environmental Review processes				
<153>	Compliance with Cultural Preservation review processes				

<154> Compliance with Tribal Business and Licensing requirements.

	•	
(090) Project	Update Information	FCC Form 690
		Approved by OMB
		OMB Control No. 3060-1185
		Page 6 of 8
<010>	Study Area Code	
<015>	Study Area Name	238027 Carolina West Wireless, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<200>	Date Authorized to Receive Support	07/18/2013
<201>	Targeted Completion Date	02/05/2016
<202>	Total Mobility Fund Support Awarded	465500.0
<203>	Total Mobility Fund Support Disbursed	155166.67
<204>	Support Applied to Network Design	7974.79
<205>	Support Applied to Construction	4722.04
<206>	Support Applied to Deployment	
<207>	Support Applied to Maintenance	
<208>	Certify Network will Support 3G Mobile Service (Yes / No)	\circ
<209>	Certify Network will Support 4G Mobile Service (Yes / No)	O
<210>	Actual Completion Date	
<211>	Project Status Description (attached)	CWW_PSD_NC.pdf
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	/
<213>	Status of Network Deployment - Construction	/

<214>

<215>

<216>

<217>

Status of Network Deployment - Deployment

Status of Network Deployment - Maintenance

Project Budget Status

Project Plan Status

(101) Certification - Reporting Carrier	FCC Form 690 Approved by OMB OMB Control No. 3060-1185
	Page 7 of 8

<010>	Study Area Code	238027
<015>	Study Area Name	Carolina West Wireless, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

ertify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for Mobility Fund recipients; and, to the st of my knowledge, the information reported on this form and in any attachments is accurate.						
Name of Reporting Carrier:						
Signature of Authorized Officer:	Date					
Printed name of Authorized Officer:						
Title or position of Authorized Officer:						
Telephone number of Authorized Officer:						
Study Area Code of Reporting Carrier:	Filing Due Date for this form:					

07/16/2014 Page 7

(102) Certification - Agent / Carrier	FCC Form 690
	Approved by OMB
	OMB Control No. 3060-1185 Page 8 of 8

<010>	Study Area Code	238027
<015>	Study Area Name	Carolina West Wireless, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

certify that (Name of Agent) <u>Todd Slamowitz</u> also certify that I am an officer of the reporting carrier; my responsibilities in agent; and, to the best of my knowledge, the reports and data provided to the	is authorized to submit the information reported on behalf of the reporting carrier clude ensuring the accuracy of the annual data reporting requirements provided to the authorized e authorized agent is accurate.
Name of Authorized Agent: Todd Slamowitz	
Name of Reporting Carrier: Carolina West Wireless, Inc.	
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 07/16/2014
Printed name of Authorized Officer: Lisa Mabe	
Title or position of Authorized Officer: Staff Accountant	
Telephone number of Authorized Officer: 3369735000 ext.1003	
Study Area Code of Reporting Carrier: 238027	Filing Due Date for this form: 07/31/2014

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File	Annual Reports for Mobility Fund F	ecipients on Behalf of Reportin	g Carrier
I, as agent for the reporting carrier, certify that I am authorized to sub- reported herein based on data provided by the reporting carrier; and, I	그 보다 하는 것들은 그렇게 되었다. 얼마 집에 얼마나 있는 것이 없는 것이 없는 것이 없는 것이 없었다. 이 없는 것이 없다. 그렇게 되었다.	[일본] [[일본] [일본] [일본] [일본] [[일본] [[]] [[]	arrier; I have provided the data
Name of Reporting Carrier: Carolina West Wireless, In	c.		3 MH - No
Name of Authorized Agent or Employee of Agent: Todd Slamowi	tz		
Signature of Authorized Agent or Employee of Agent: CERTIFIED	ONLINE	Date	07/16/2014
Printed name of Authorized Agent or Employee of Agent: Todd S1	amowitz		7
FCC Legi	al Counsel		
Felephone number of Authorized Agent or Employee of Agent: 70358	848678 ext.		
Study Area Code of Reporting Carrier: 238027	Filing Due Date for this form:	07/31/2014	

Attachments

(D60) Coverag	ge and P	erformanc	e Report
			4.75

. . . .

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	238027
<015>	Study Area Name	Carolina West Wireless, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<140>	Coverage and Performance Report Year	01/2013 - 12/2013

<141>

<al></al>	<a2></a2>	43 >	 <bi>></bi>	<b2></b2>	<63>	<c1></c1>	<62>	<<3>	<d></d>	<e></e>	cfs
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Electronic Shapefiles are uploaded (yes/no)	Certify that Drive Test Results are uploaded (yes/no)	Certify that Scattered Site Tests are uploaded (yes/no)
NC	Caldwell	0000	0	0	0	0.0	0.0	0.0	Yes		
		 					-				
	-										-
			1								
	-										
											-
	1										
	-		-								
	ļ <u> </u>					-					
_	 										
	-										-

Percentage of
Total Population
Reached by
Service

0			1
			1
			- 1

Percentage of Total Road Miles covered by Service

0			

Caroline West Wireless, Inc.

. . . .

Project Status Description

Pursuant to Section 54.1009(a)(6) of the Commission's rules, ¹ Carolina West Wireless, Inc. ("Filer") submits that there is no material updates to its project description, included the projected budget, associated with this Study Area Code that was provided by Filer in its FCC Form 680 filed in conjunction with its Auction 901 winning bids.

In its FCC Form 680, Filer explained that in order to provide the most advanced wireless broadband service available to date, Filer is using the proceeds from auction 901 to expand its footprint with new cell sites, and supplementing its existing network footprint with 4G service. Specifically, utilizing the 1900 MHz, 1700/2100 MHz spectrum bands, along with the 700 MHz spectrum band, Filer intends to provide high speed, broadband data services over 4G. Further, installation of new cell sites and the overlay of 4G will enable Filer to meet its public interest obligations to provide rural North Carolina citizens with access to advanced telecommunications and information technologies that are reasonably comparable to those available in urban areas.

As of this date Filer had completed its network design, and has commenced construction of its network. Filer anticipates that it will compete construction and deploy the network in the areas associated with this study code by no later than the construction deadline of July 19, 2016.

Section 54.1009(a)(6) provides that a winning bidder shall include "Updates to the information provided in § 54.1005(b)(2)(v).

FCC Form 690 - Construction Status

. . . .

Carolina West Wireless, Inc. has not yet completed construction with respect to the SAC associated with this filing.

C. 610-947-753-610	- §54.1009 Annual Reporting		FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
Data Col	lection Form		
<010>	Study Area Code	238028	
<015>	Study Area Name	Carolina West Wireless, Inc.	ACCEPTED/FILED
<020>	Program Year	2014	
<030>	Contact Name: Person USAC should contact with questions about this data	Todd Slamowitz	JUL 23 2014
<035>	Contact Telephone Number: Number of the person identified in data line <030>	7035848678 ext.	Federal Communications Commission Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	tslamowitz@fcclaw.com	
Statement		Such security of the second se	
<040>	Has the information required pursuant to §54.1009 <041> Attach a description of the documents fill		(check bax when complete) (040>
	<042> Cite the Study Area Code (SAC) for the Fo <043> Cite the date of the Form 481 reporting	orm 481 reporting	<042><043>
<050>	Carrier Contact Information (has the contact info. cha	anged since prior filing? Yes or No)	\circ
		(If yes, complete the attached worksheet)	<050>
<060>	Coverage and Performance Report	(complete attached worksheet)	<060>
<070>	Urban Rate Comparability Certification	(complete attached certification)	<070>
<080>	Tribal Lands Reporting (y/n?) (Does this study area cov	ver tribal lands? Yes or No)	\circ
		(If yes, complete the attached worksheet)	<080>
<090>	Project Update Information	(complete attached worksheet)	<090>
<100>	Certifications <101> Reporting Carrier Certification (comp	plete attached certification)	<101>
	<102> Agent Certification (comp	plete attached certification)	<102>

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)
Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carr	ler Contact Form		FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code	238028	
<015>	Study Area Name	Carolina West Wireless, Inc.	
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz	
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030> Carrier / Mobility Fund Phase 1 Winning Bidder	tslamowitz@fcclaw.com	
<110>	FCC Registration Number		
<111>	Filing Carrier Name		
<112>	Winning Bidder Carrier Name		
<113>	Street Address (or PO Box)		
<114>	City		
<115>	State		
<116>	Zip-Code		
<117>	Telephone Number		
<118>	Fax Number		
<119>	Email Address		
<pre><120> <121> <122> <123> <124> <125> <126> <127> <128> </pre>	iformation if same as above, indicate in this box Name (First, MI, Last, Suffix) Filing Carrier Name Street Address (or PO Box) City State Zip-Code Telephone Number Fax Number Email Address		
Authorize	d Agent Information if no agent, indicate in this box		
<120>	Name (First, MI, Last, Suffix)		
<121>	Company		
<122>	Street Address (or PO Box)		
<123>	City		
<124>	State		
<125>	Zip-Code		
<126>	Telephone Number		
<127>	Fax Number		
<128>	Email Address		

(060) Coverage and Performance Report	FCC Form 690
	Ap proved by OMB
	OMB Control No. 3060-1185
	Page 3 of 8

<010>	Study Area Code	238028
<015>	Study Area Name	Carolina West Wireless, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<140>	Coverage and Performance Report Year 01/2013 - 12/2013	

	Construction Status.zip	
Electronic Shapefiles attachments		
	Name of Attached Document (.zip)	
Drive Test Results attachments		
	Name of Attached Document (.zip)	***
Scattered Site Test Results attachments		
	Name of Attached Document (.zip)	

<a3> <b2> <b3> <c2> <a1>. <b1> <c1> <c3> <d> <e>> ♦ Certify Certify that that Drive Total Electron Test Road Road Result Miles per Miles Certify that Shapefil s are Road upload Scattered Resident Total Resident Miles Census covered es are Resident Population Population per Block per uploade ed Site Tests are Population per Newly Reached Reached by Census Newly Census uploaded (yes/n State County Census Block Census Block by Service Service Block Reached Block (yes/no) o) (yes/no) \$ee attached worksheet

0	1	0
Percentage of Total	Percentage of Total	
Population Reached by	Road Miles covered	
Service	by Service	

<141>

(070) Urban Rate Comparability Certification Comp	oliance	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 4 of 8
<010> Study Area Code	238028	

<010> Study Area Code
<015> Study Area Name
Carolina West Wireless, Inc.
<020> Program Year
<030> Contact Name - Person USAC should contact regarding this data
<035> Contact Telephone Number - Number of person identified in data line <030>
Contact Email Address - Email Address of person identified in data line <030>
tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Contillection of	officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)
Certification of C	nitter of Employee as to Compliance with 47 CFR 334.2003(a)(4)
I certify that I am an officer or employee of the reporting car form and in any attachments is accurate.	ier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can	e punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

certify that (Name of Agent) Todd Slamowitz carrier. I also certify that I am an officer or employee of the reporting carrier; my resoluthorized agent; and, to the best of my knowledge, the reports and data provided to	is authorized to submit the information reported on behalf of the reporting sponsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the to the authorized agent is accurate.
Name of Authorized Agent: Todd Slamowitz	
Name of Reporting Carrier: Carolina West Wireless, Inc.	
Signature of Authorized Officer or Employee: CERTIFIED ONLINE	Date: 07/16/2014
Printed name of Authorized Officer or Employee: Lisa Mabe	
Title or position of Authorized Officer or Employee: Staff Accountant	
Telephone number of Authorized Officer or Employee: 3369735000 ext.1003	
Study Area Code of Reporting Carrier: 238028 Fi	ling Due Date for this form: 07/31/2014

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authoriz	ed to File Compliance with 47 CFR §54.10	09(a)	(4) on Behalf	or Reporting Carrier
I, as agent for the reporting carrier, certify that I am authori	zed to submit the certification on behalf of the	eporti	ing carrier; I have	e provided the data reported herein based or
data provided by the reporting carrier; and, to the best of m	y knowledge, the information reported herein is	accu	rate.	
Name of Reporting Carrier:	Carolina West Wireless, Inc.			
Name of Authorized Agent or Employee of Agent:	Todd Slamowitz			
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE			Date: 07/16/2014
Printed name of Authorized Agent or Employee of Agent:	Todd Slamowitz			
Fitle or position of Authorized Agent or Employee of Agent	FCC Legal Counsel			
Telephone number of Authorized Agent or Employee of Ager	nt: 7035848678 ext.			
Study Area Code of Reporting Carrier: 238028	Filing Due Date for this f	orm:	07/31/2014	

(080) Trib	al Lands Reporting				FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
1010	Shirika Asso Code		a state of the sta	7 BA	rageJura
<010>	Study Area Code Study Area Name		238028 Carolina West	Wireless, Inc.	
<020>	Program Year		2014	HILLIAND, INC.	
<030>	Contact Name - Person USAC should contact regarding t	this data	Todd Slamowit	z	
<035>	Contact Telephone Number - Number of person identifi			t.	
<039>	Contact Email Address - Email Address of person identif	ied in data line <	:030> tslamowitz@fc	claw.com	
<142>	State		···	2	
<143>	County				
<144>	Tribal Land(s) on which ETC Serves				
<145>	Tribal Government Engagement Obligation	Name of Attached	Document (.pdf)		
	If your company serves Tribal lands, please select (Yes,Neach of these boxes to confirm the status described on 1 PDF, on line 145, demonstrates coordination with the T government pursuant to § 54.1004 includes:	the attached			
<146>	Needs assessment and deployment planning with a foc community anchor institutions;	us on Tribal	Select (Yes,No, NA)		
<147>	Feasibility and sustainability planning;				
<14/>	Marketing services in a culturally sensitive manner;				
<149>	Compliance with Rights of way processes				
<150>	Compliance with Land Use permitting requirements				
<151>	Compliance with Facilities Siting rules				
<152>	Compliance with Environmental Review processes				
<153>	Compliance with Cultural Preservation review processes	S			
<154>	Compliance with Tribal Business and Licensing requirem	nents.			

(090) Project	Update Information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8
<010>	Study Area Code	238028
<015>	Study Area Name	Carolina West Wireless, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<200>	Date Authorized to Receive Support	07/18/2013
<201>	Targeted Completion Date	02/05/2015
<202>	Total Mobility Fund Support Awarded	20300.0
<203>	Total Mobility Fund Support Disbursed	6766.67
<204>	Support Applied to Network Design	7974.79
<205>	Support Applied to Construction	684.12
<206>	Support Applied to Deployment	
<207>	Support Applied to Maintenance	
<208>	Certify Network will Support 3G Mobile Service (Yes / No)	0 0
<209>	Certify Network will Support 4G Mobile Service (Yes / No)	O
<210>	Actual Completion Date	
<211>	Project Status Description (attached)	CWW_PSD_NC.pdf
	Please check these boxes below to confirm that the attached PDF, on line	{Name of PDF attached}
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	1
<213>	Status of Network Deployment - Construction	✓
<214>	Status of Network Deployment - Deployment	
<215>	Status of Network Deployment - Maintenance	
<216>	Project Budget Status	· /

<217> Project Plan Status